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NMPDC Names Sailors of the Year

By Bernard S. Little
WRNMMC Public Affairs
staff writer

Navy Medicine Professional Development Center (NMPDC) at Naval Support Activity Bethesda announced its recent selections for Junior Officer, Sailors and Bluejacket of the Year. Leaders cited the Sailors' professionalism, exceptional performance and dedication to accomplishing the mission as reason for their selections.

Navy Lt. Kei Tate, Hospital Corpsman 1st Class (HM1) Carlston Daniels, Hospital Corpsman 2nd Class (HM2) Donnell Proctor and Hospital Corpsman 3rd Class (HM3) Hayes Whitney earned NMPDC's Junior Officer, Sailor, Junior Sailor and Blue Jacket of the Year for 2013 respectively.

"In all my years of service, one of the more challenging aspects as command master chief, or I would venture to say most any leader serving as a board member, is to select persons of the year from all the extremely qualified officers, enlisted and civilian personnel serving in our great Navy," said NMPDC Command Master Chief Clinton A. Garrett Sr. "Competition is always keen, and there are usually only hairsplitting differences that exist amongst persons nominated that decide the outcome."

Garrett praised those who earned the honors, adding, "their support of our command's mission accomplishment, dedication to personal and professional excellence and board presentation, resulted in their selection as winners for 2013."

NMPDC Junior Officer of the Year

Navy Lt. Kei Tate, NMPDC's Junior Officer of the Year,



Official Navy photo

Kei Tate

is the assistant department head of Business Operations, responsible for the command's audit readiness requirements. She also oversees the Managers Internal Control Program, Medical Inspector General (MEDIG) Self-Assessment and Command Evaluation Programs. "My position allows me to develop an understanding of a variety of command operations," said the native of California.

"As a 'Mustang' officer, Lt. Tate possesses superb business acumen," said Cmdr. Jason E. Spencer, head of NMPDC's Business Operations in the Directorate of Resources. "Throughout 2013, she demonstrated an approachable, but mission-focused direction in bringing together diverse constituencies to successfully accomplish whatever needs to be done, whenever it needs to be done, and all the while making sure that it is done 'the right way the first time.' Cmdr. Tyrone Gilmore, our controller and director for resources, and I, very much appreciate her contributions to our command and staff."

In the Navy for 14 years, Tate explained her godfather, a former chief, sparked her interest in the service. He would



Official Navy photo

HMI Carlston Daniels

take her to see Navy ships, including the USNS Mercy in San Diego when she was 8 years old. "I would accompany him to doctor's appointments at Naval Medical Center San Diego (Balboa Hospital). Needless to say, it sparked an interest in joining the Navy at an early age.

"The most rewarding part of being a Sailor is the ability to serve my country," Tate continued. "I also love being able to mentor junior Sailors."

She added it is an honor to be selected NMPDC Junior Officer of the Year. "I work really hard at everything I do; however, I know the competition was pretty tough. The best part of this is being able to set an example for junior Sailors in the command."

In addition to her primary duties, Tate has a number of collateral duties within her command, including the command's Sexual Assault Prevention and Response point of contact, and Diversity Council Head. She also coordinates a mentorship program at Bethesda Middle School, and serves as a volunteer at a local church. "I am extremely passionate about all I do, and truly love helping people," she said.



Official Navy photo

HM2 Donnell Proctor

Tate encourages others to, "Do what you love. Don't just take on a task because it looks good on an evaluation or fitness report. The reason I have been successful is because I like to take on tasks that challenge me to be a better person, and tasks that I can be truly passionate about."

NMPDC Sailor of the Year

Hospital Corpsman Master Chief Peter Rona, senior enlisted leader for the Naval Postgraduate Dental School (NPDS), describes NMPDC Sailor of the Year, HM1 Carlston Daniels as "a superb Sailor who seems tireless as he helps me, and everyone throughout the day. I can count on him to handle issues usually entrusted to chiefs. He is always calm, professional and ready to take on any challenge."

Daniels is NPDC's administrative leading petty officer, responsible for tracking NPDS medical readiness; reviewing and routing correspondence, including Defense Medical Human Resources System - internet (DMHRSi) and Standard Labor Data Collection and Distribution Application (SLDCADA) information; and



Official Navy photo

HM3 Hayes Whitney

assisting in the completion of Career Development Boards, Reenlistments and C School packages for NPDS members.

"The most enjoyable part of my job is knowing that I helped someone, whether it's assisting with a timecard or helping colleagues make a big career decision," said Daniels, a native of Belize.

When he learned he received NMPDC Sailor of the Year, Daniels said he was shocked. "I had some tough competition; they were all deserving of this honor."

Daniels said he looks to be a mentor to junior Sailors by not just doing his job exceptionally well, but also by volunteering for other duties in and out of his command.

"Be sure to do more than what is expected of you," Daniels said. "Set goals, and when they are achieved, set more."

NMPDC Junior Sailor of the Year

HM2 Donnell Proctor, a native of Washington, D.C., earned honors as NMPDC Junior Sailor of the Year.

"[He] is an outstanding leader and technician," Rona said of Proctor. "He's quali-

See **SAILOR** page 5

Energy Managers Educating Personnel, Creating Culture

As Naval District Washington (NDW) pushes to execute its energy mission of promoting positive command, conservation and behavior change, Navy leaders are looking to installation energy managers (IEMs) to help shape energy culture across the region.

Funded by Naval Facilities Engineering Command (NAVFAC) Headquarters, IEMs track energy usage at bases, facilitate new projects, and meet with leadership to tackle a variety of energy challenges.

No matter how many projects are started, however, personnel must buy in and have a vested interest in the energy mission, said William Ortega-Ortiz, energy manager at Naval Support Activity Bethesda (NSAB).

“Ultimately, it’s raising awareness of not just the metrics and those numbers as far as how much consumption is taking place,” he said. “It’s also in leveraging that information and educating our personnel and command to understand that energy culture applies to everyone at the installation.”

“The way that we’ve been able to garner their support is attempting to leverage their projects and behavior modifications in ways that make their systems smarter with no discernable change from the patient, doctor, or nurse’s perspective” said Ortega-Ortiz. The low-hanging fruit, he said, was simply replacing outdated steam traps in the WRNMMC infrastructure to make the facility run more efficiently.

Cmdr. Burr Vogel, NSAB public works officer and Ortega-Ortiz’s superior, said saving energy and accomplishing the mission should not be opposing forces.

“Energy efficiency really is almost synonymous with mission readiness,” Vogel said. Missions are actually negatively affected more often by energy lost through improper maintenance or malfunctioning systems, he added.

Vogel, Ortega-Ortiz, and a handful of staff work behind the scenes every day across the installation to regulate energy usage and promote new initiatives despite dealing with an overall shortage in key staff positions.

“We have creatively found a way to garner the support as an additional duty, because our PWD and tenant facilities management personnel strongly believe in the program,” said Ortega-Ortiz. “It’s also rewarding because we’ve been able to le-

verage that positive behavioral attitude from our personnel at every single level.”

While training those individuals on how to adequately respond to building issues is a good step forward, Vogel said filling numerous empty positions is key to creating the high-performing workforce of energy, design, utilities and operations professionals necessary to make the installation buildings run more smoothly overall without overtaxing facilities’ staff members with extra duties. NSAB is trying to avoid being ‘penny-wise’ but ‘pound-foolish’ when it comes to staffing shortfalls that create excessive utilities costs.

After attending the 2013 Energy Week at NSAB last fall, several industry vendors expressed interest in testing out a new training course for energy staff in NDW, at no cost.

“The training will enable us to publicize meaningful energy information, in addition to making maintenance and operational improvements, that we can then use to help encourage the behavioral changes that the culture pillar is all about,” said Vogel. “If we can show people how much they are actually saving — I think that’s a big win.”

Ortega-Ortiz said education is the key to promoting a positive culture and behavior for everyone.

“We need to make our military and civilian personnel smarter about energy overall,” he said. “It’s not just within the fence line; it’s how we’re utilizing energy outside of the fence line, too. It’s how we’re using energy at home. So, the education that we’re putting in place at the installation is something they can go back and utilize at home as well.”

“We need to think creatively not only about how we finance these projects, but also from energy security and independence, we need to look at sound investments where we are providing energy smarter to our installations,” Ortega-Ortiz said. “We all have different challenges at different installations, but we all work together.”

While educating personnel to change culture and achieve the goals outlined in the NDW energy policy is a long process, Vogel takes it one day at a time.

“Energy culture, for me right now, is primarily just doing our jobs well,” he said. “We’re starting by looking in the mirror and seeing what we need to do better, and that’s where we see a great deal of opportunity.”

By Shawn Miller
NDW Public Affairs

Bethesda Notebook

Women’s History Month Celebration

March is Women’s History Month, and the Bethesda Multicultural Committee will celebrate with an event on Wednesday at 11:30 a.m., in the America Building atrium, open to all patients, staff and visitors. The U.S. Army Band “Downrange” will perform and refreshments will be available.

St. Patrick’s Day 5K

Naval Support Activity Bethesda’s (NSAB) Morale, Welfare and Recreation (MWR) will host a St. Patrick’s Day 5K at noon on Monday. The event begins and finishes at the NSAB MWR Sports Complex. There will be food and refreshments at the finish. Registration is \$5 and participants will receive a commemorative T-shirt. For more information, visit NSABstpatricksdays5k.eventbrite.com.

Stages of Healing Presentations

Walter Reed Bethesda’s Stages of Healing will host the Duffy School of Irish Dance for a performance on Monday at noon in the America Building lobby, and a humor workshop on March 20 at noon in the America Building, 4th floor, Child and Adolescent Psychiatry Service, Group Room 3. All are invited to attend. For more information, call Lt. Cmdr. Micah Sickel at 301-295-2492.

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Walter Reed Bethesda to Conduct Mass Casualty Exercise March 18



File Photo

Walter Reed National Military Medical Center will test its medical readiness by conducting a Mass Casualty Exercise on March 18. The exercise will involve “moulaged” volunteers, acting as victims, following a mock catastrophe in the community. Staff members will have an opportunity to practice their role, in the event of a disaster, resulting in multiple casualties.

By Sarah Marshall
WRNMMC Public Affairs
staff writer

If a mass casualty incident occurred at Walter Reed Bethesda or out in the community, would you know what to do?

Walter Reed National Military Medical Center (WRNMMC) wants to ensure staff members understand their role in the event of a disaster, resulting in multiple casualties. WRNMMC will test its medical readiness with a Mass Casualty Exercise on March 18. The exercise will also take place in collaboration with several agencies in the region. This provides an opportunity to enhance partnerships between other hospitals and agencies within the community such as Suburban Hospital/ Johns Hopkins Medicine, the National Institutes of Health Clinical Center and the National Library of Medicine in Bethesda.

“It’s important we conduct this exercise to maintain continuous readiness to any all-hazards emergency or incidents impacting our hospital and surrounding community,” said

Chris Gillette, emergency manager for WRNMMC.

During Tuesday’s exercise, WRNMMC will activate Code Green, its emergency code indicating a mass casualty, Gillette explained. The medical center will act accordingly as though a disaster has struck the community. Approximately 20 to 40 moulaged staff members will play “victims” and will “surge” the Emergency Department (ED), he said. Other hospitals in the area will be playing out the same scenario, and area hospitals will communicate with one another as they would in a real disaster, informing each other of their available resources, he said.

In a real-life mass casualty, either on base or out in the community, Gillette explained hospitals are viewed as a “safe haven” and victims would likely flock to the medical center. To avoid undating ED staff with casualties, victims would be triaged to various locations within the medical center, depending on the severity of their injuries, he said.

The exercise will allow staff to test their response efforts in such a scenario, staging triage locations, moving “victims” to casualty receiving stations and ensuring those areas are equipped with necessary supplies, such as radios for communication and vests to identify their role, said Melissa Knapp, program manager for Emergency Management Plans, Training and Exercises at WRNMMC.

On Tuesday, staff and patients can expect to see “victims” being transported to the ED and throughout the medical center. Several patients will arrive by ambulance, but without lights and sirens, Knapp said. Most importantly, the exercise will have minimal impact to patient care. In a real-life scenario, as per the hospital’s emergency management plans, hospital operations would still be expected to continue, or at least initially, depending on the disaster’s severity, she added.

“People still have a job to do, and emergency management is here to support them and their abilities to continue normal operations,” Knapp said.

She also noted, though the Joint Commission requires WRNMMC to conduct a minimum of two annual training exercises, the medical center conducts far more throughout the year, continuously enhancing readiness and response efforts.

KNOW YOUR ROLE – CODE GREEN

When Code Green is activated, during normal working hours, departments listed below will immediately provide their required number of personnel to their designated Mass Casualty station. If your department is not listed – your role upon Code Green Activation is to remain in your department, or immediately return to your department for muster, and carry out the Plan of the Day until instructed otherwise. A complete list of WRNMMC’s Emergency Management Plan, detailing all department roles and assignments, can be found on the Intranet, under ‘Quick Links.’

TRIAGE UNIT

The following departments/clinics should send their designated personnel to the Triage Unit, in the Emergency Department Traffic Circle (muster in Radiology Lobby, Bldg. 9):

- NMPDC
- Pediatrics
- Behavioral Health
- Patient Administration
- Ambulatory Procedures Unit
- Physical Therapy
- Dermatology
- Urology Clinic
- Patient Escort
- Logistics
- NSAB Security
- Social Work
- Pastoral Care

IMMEDIATE & DELAYED CARE UNITS

All Emergency Department permanent staff members are assigned to the Immediate & Delayed Care Units, and should refer to the Emergency Department Internal Disaster Plan for staff roles/responsibilities.

The following departments/clinics should send their designated personnel to the Immediate & Delayed Care Units, in the Emergency Department (muster in Radiology Lobby, Bldg. 9):

- General Surgery
- Anesthesia
- Internal Medicine
- Pediatrics
- Intensive Care Unit
- Orthopedic/Podiatry Clinic
- Pulmonary Medicine
- Radiology
- Pharmacy
- Patient Administration
- Optometry Clinic
- PRT Office
- Logistics
- NSAB Security

'What You Say, Feel Matters'

Walter Reed Bethesda Kicks Off Command Climate Survey

By Bernard S. Little and
Katrina Skinner, WRNMMC
Public Affairs staff writers

A Command Climate Survey at Walter Reed National Military Medical Center (WRNMMC) began March 6.

"The survey I am asking you to complete gives you the opportunity to provide opinions on where I should focus attention to improve the human relations climate of our organization," said WRNMMC Director Brig. Gen. (Dr.) Jeffrey B. Clark.

"This voluntary survey is designed to assess the shared perceptions of respondents about formal or informal policies and practices," Clark continued. "Your perceptions are valuable because they give me insight into the general attitudinal climate of our organization. For your answers to be useful, you must be honest. Do not tell me what you think I want to hear, or say what others might say; tell it as you see it."

Navy Capt. Sarah Martin, WRNMMC chief of staff, discussed the importance of the survey during the kick-off. "[The survey allows us] to get



Photos by Bernard S. Little

Navy Capt. Sarah Martin (far right) Walter Reed National Military Medical Center chief of staff speaks to staff members about the importance of the Command Climate Survey which kicked off March 6. The confidential and voluntary survey runs through March 24 and can be completed at any workspace computer via the Internet. It is designed to assess staff concerns, morale, job satisfaction and quality of life at the nation's largest joint military medical center.

a feel on how we are doing," said Martin. "We have a lot of change going on, [and the survey] will let us know how

we are affecting our folks. Also, [the survey will let us know] how we are doing when it comes to morale and equal opportunity. This is an opportunity for people to let us know anonymously."

Martin also thanked the Command Assessment Team (CAT) in coordinating and ensuring all staff members have the opportunity to participate in the survey. "Please understand how important it is, what you are doing, in trying to get our folks [involved]. The data we get is going to be very important in the direction [we take] as Brig. Gen. Clark moves forward," she added.

The survey runs through March 24 and can be completed at any workspace computer via the Internet, explained Lt. Cmdr. Pandora Liptrot, Command Management Equal Opportunity (CMEO) officer.

Liptrot explained the CAT is responsible for disseminating information about the survey and evaluating the command climate. She describes the team as a "group of highly-motivated military and civilian members who are the sounding board," within the command, who work closely with the Equal Opportunity (EO) office to assess morale and quality of life on base.

"They take the pulse of the environment, so they are out there as feelers, listening and bringing us feedback about situations and things we may need to be taking a closer look at in regards to our processes," added Senior Chief Hospital Corpsman Shawnta Sampson, assistant CMEO for Walter Reed Bethesda.

To access the command climate survey, Liptrot explained each directorate's EO representative will provide their members single-use passwords



A Sailor reads information concerning the Command Climate Survey.

to gain entry to the website.

Although confidential and anonymous, the survey will ask participants to provide demographic information such as rank, race and sex to ensure there is a proper representation of participants, Liptrot explained. On the survey, questions will focus on staff concerns, morale, job satisfaction and quality of life at Walter Reed Bethesda.

"We will collect and analyze the data, and establish focus groups," Sampson added. "Once we get all the information, we will take it to the WRNMMC director and his board with suggestions and recommendations based off of the data we collect."

"We take the top three areas mentioned throughout the survey or in the focus groups," Liptrot continued. "We do plans of actions and take milestones to make sure we have a good command climate."

She said in order for the command climate to improve, people must participate in the survey. "This is one avenue we can use to find out what is going on and the major issues that may need to be addressed," the lieutenant commander added.

Last year's command climate survey, along with information garnered from town halls, senior enlisted leadership calls and directorate calls, proved useful in making change, Liptrot said. "We've seen some positive action as a result [of those avenues], such as [improving] communication and establishing joint policies."

As a result of past command climate surveys, and staff calling for better communication, Sampson said there have been more town halls, senior enlisted leadership calls, command master chief calls and other training forums at Walter Reed Bethesda.

The first command climate survey at Walter Reed Bethesda was done soon after the integration of Walter Reed Army Medical Center and National Naval Medical Center to form

See **SURVEY** page 5

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SAILOR

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fied as a dental prophylactic technician, and is able to take care several of patients on his own. He is also doing a tremendous job on the Presidential Dental Support Team."

The assistant leading petty officer for NPDS, Proctor successfully balances clinical and administrative duties, and said the most rewarding aspect of his job is being able to assist others.

"Being a Sailor puts me in a position where I am able to help others," said Proctor. "The most rewarding part of being a Sailor, for me, is seeing my protégées succeed and accomplish their goals."

Proctor attributes his selection as NMPDC Junior Sailor of the Year to his mentors, and those whom he mentors. "My mentors continuously provided me with guidance and kept me on the path to success. Everything I learned from my mentors I've instilled in my mentees."

He explained this guidance has included, "always being the example of exemplary performance in whatever you do, and grooming yourself to be the person who can inspire people to achieve greater success."

In addition to his primary duties, Proctor also participates with the Junior Enlisted Association, Coalition of Sailors Against Destructive Decisions (CSADD), Command Training Team, Career Development Team and Command Recreation Committee.

NMPDC Blue Jacket of the Year

Hospital Corpsman 3rd Class Hayes Whitney, NMPDC Blue Jacket of the Year, explained that he joined the Navy because he wanted to serve overseas. "After two combat tours to Afghanistan, I have accomplished that goal."

As clinic management course assistant/student support, Whitney travels "all over the world to facilitate courses on how to better run a specific part of a military treatment facility. I also am a direct liaison to all of the NMPDC academic course directors for technical issues." He is instrumental in the administrative, supply and logistic support of 46 Joint Medicine Continuum courses and a \$2 million budget.

"I enjoy interacting with our students," Whitney added. "We have active duty come from all over the world to take our courses, and getting to network here is unlike anywhere else in the Navy."

The North Carolina native said what he finds most rewarding about his job is, "the look on people's faces when you help them. It doesn't take a thank you, all it takes is a smile and from that, I know I have accomplished my mission."

As the other NMPDC honorees, Whitney attributes his success to his colleagues. "I am proud to honor my leadership with this goal. My team has had my back from day one, so this is an award for all of us."

Also involved with CSADD, Whitney encourages others to, "work hard and be fair. Good things come to people who are outgoing but also who stand their ground on things they believe are right. Always do what you believe in your heart is the right thing."

Senior Chief Hospital Corpsman Jaymie A. Brinkmeier, senior enlisted leader in NMPDC's Directorate for Academic Programs, describes Whitney as an "exceptional performer with loyalty to our Navy core values."

Brinkmeier added Whitney's organizational acumen is one of his greatest professional attributes. "In a positive manner, HM3 Whitney manages human, financial and information resources within our organization (U.S. Navy), strategically," said the senior chief.

ians and contractors can participate. "It's [providing] awareness," Liptrot added. "If you have issues you want to address, this is another avenue, just like being at the town halls and asking questions."

"We just want people to take the survey," she continued. "We want to convey these surveys are important, and that people look at them as this is how change comes about. Sometimes change is slow, but we have made some steps as a result."

For more information about the survey, call Lt. Cmdr. Pandora Liptrot at 301-295-2178.

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SURVEY

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WRNMMC. There were many positive responses, Liptrot explained. The second climate survey was done last year during the sequestration, furloughs and changes in parking policies. She added from this year's survey, leadership hopes to get "a lot more information and truths from people. We've been here three years now and are thriving."

Nearly 7,000 surveys were ordered for staff so military members, civil-

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Walter Reed Bethesda Making Advancements in Prosthetics

By Ryan Hunter
NSAB Public Affairs staff writer

Since the beginning of the Overseas Contingency Operation, nearly three fourths of all service members seeking care for amputated limbs have been treated at Walter Reed National Military Medical Center (WRNMMC), which has made the hospital world renowned for prosthetic device implementation, especially with prosthetic legs.

Unrestrained by the politics and financial burdens of a civilian health care system, WRNMMC is able to provide an unchallenged level of amputee care and “bring back normalcy,” said David Laufer, the director of Orthotic and Prosthetic Services at WRNMMC. “We try to return Soldiers, Sailors, Airmen and Marines to the level of activity that they enjoyed prior to their injury as quickly as possible.”

For amputees, time is of the essence. When a person is confined to a wheel chair or bedside due to loss of limb, it becomes impossible without a prosthetic device, to exercise certain muscle groups. This can cause muscular atrophy which can greatly increase recovery periods and make muscle growth far more difficult to achieve, said Laufer.

“We tend to get [patients] as soon as their sutures are taken out and their surgeon allows them to take weight, which is typically 4-6 weeks after a patient has left the battlefield,” said Certified Prosthetist and Orthotist, Mike Corcoran. “In the civilian sector, you’d be looking at about two weeks before the first piece of prosthetic equipment is fitted and ready to go. Whereas here, if we start [our first session with] them in the morning by 7 o’clock we can have them take their first steps by one in the afternoon”

Regardless of the speed at which prosthetics are delivered, each device is unique and tailored to the specific amputee. Expert care and precision are required through constant sessions of fittings and repair.

Of the many parts that make up a prosthetic limb, the socket is the first the piece to be made. This component remains in direct contact with the patient via suction over the residual appendage and holds the prosthetic in place. In order to maintain a cohesive bond between the patient and the prosthetic, the cast must be formed to create a tight seal.

A variety of socks and silicone liners can be used to make up for slight change in its size, because each amputee’s limb is different depending upon the person and site of severance. Anything less than a perfect fit can cause the socket to be loose and make walking impossible or cause serious pain to the wearer. As time goes on, swelling from surgeries will decrease the size and continued use of muscles will tone and shape them, necessitating totally new sockets.

New amputees will start with hard plastic sockets and these can be adjusted and molded with a blow torch. The sockets still require replacement every six weeks and are generally considered too weak for long term use. “A patient will go through about six plastic sockets,” said Corcoran.

After about 6 months the residual limb will begin to stabilize in size and a carbon fiber socket can be made. Carbon fiber sockets are much lighter than plastic and are 10 times stronger than steel. However, they are inflexible, which means when a limb changes size, a new cast will have to be made. It is for this reason that Walter Reed Bethesda also continues to provide care for veteran amputees long after they have left the service.

Just beneath the cast sits the attachment plate, connecting the prosthetic user to the moving joints of



(1) As soon as a surgeon has cleared the patient to put weight on the limb they are directed to the prosthetics department where a wet plaster impression is cast of the limb. (2) The negative mold is filled with Plaster of Paris and left to set. (3) The wet bandages are pulled off the mold and is shaped. Typically about 10 percent of the circumference is shaved down so the positive model is slightly smaller than the actual limb itself. (4) Once the model is smooth, a special thermal plastic is heated to 330 degrees Fahrenheit in an infrared oven. When the plastic begins to get soft it is removed and placed over the positive mold with the aid of a vacuum. In minutes, the plastic cools and the socket is cut off the mold. (5) The attachment plate is secured to the bottom of the plastic socket. The plate is secured with fiberglass cast tape, however it can be adjusted to meet the patient’s preference. (6) Once the plate is attached either Shorties, powered mechanical knees or passive feet will be attached to the socket. The patient will work with these plastic socket prosthetics over the course of several months in order to strengthen their muscles and get used to balancing on the appendage. During this time, casts can be altered using heat torches, but an average of six new plastic sockets will be made. (7) After the limb has begun to stabilize, Prosthetists will use the mold to create a carbon fiber socket. The material is lighter than plastic and 10 times stronger than steel, allowing these sockets to have an expected three year lifespan as opposed to the six month maximum with a plastic one. (8) The carbon fiber socket is outfitted with a number of various appendages, modified to the patient’s specifications and used in the real world. Staff Sgt. Nicholas Lavery (pictured above) uses his prosthetic while boxing and practicing martial arts.

the device. While it seems to be a simple device, “the plate isn’t attached in any old fashion,” said Corcoran. “When [a patient] is standing on the prosthetic, you want the weight positioned directly in the middle of the plate.” This placement requires prosthetist to understand the shape of the limb, it’s center of gravity and the natural gait of the patient. If the plate is off center, it will cause the downward force to be uneven, hindering a service member’s ability to walk and causing serious pain, said Corcoran.

The moving joints are the most complex portion of any prosthesis and can vary depending upon the patient’s level of amputation. No single device can replace all the functionality of a naturally operating leg. A variety of components are required in order to replicate the performance from different actions cov-

ering every part of the leg including the foot, knee and hip.

In a normally functioning leg, calf muscles and ankles are what propel us forward as we walk, so prosthetic feet must fulfill much the same function. While there are over 90 different kinds of feet, most are made of carbon fiber frames, curved in the shape of the letter “J.”

According to Corcoran, “when the person [steps forward] and their body weight compresses that prosthetic foot, as soon as they finish the end of the step, the energy that’s stored up in that carbon spring is released and that’s what propels them forward.”

Carbon fiber feet are known as passive feet, due to the fact that these carbon fiber springs do not produce any force greater than the weight placed upon them,

meaning that amputees must actually expel 50 percent more energy than a person with legs in order to walk. However, “we now have powered feet which use batteries to propel the user forward,” said Corcoran. “These normalize effort and allow below the knee amputees to expel no more energy than a normal intact human.”

Patients, whose leg no longer contains an operational knee joint, are known as above the knee amputees. These patients lack the ability in at least one leg to cushion the fall from each step and require prosthetic knees.

There are currently three different types of knees used for these amputees and can be found in patients

See PROSTHETICS page 9



As prosthetic appendages become more popular, service members like Sgt. 1st Class Joshua Ferguson (right), are becoming more open to decorating their prosthetic legs. The designs are from screen printed t-shirts that have been sealed within the carbon fiber lining of his socket.



Roger Hamilton, a prosthetist assistant, inspects a pair of athletic prosthetic legs. The feet of the device are outfitted with two hydraulic shocks that keep the wearer upright in extreme conditions. These devices are perfect for fishing, snowboarding and wakeboarding.



Capt. Edward Klein walks on the railed walkway in the prosthetic department with mechanical knee joints, guided by Certified Prosthetist, Mike Corcoran. As a double above-the-knee amputee, his legs are closer to the ground to allow him a greater sense of balance.

Photos By Ryan Hunter

'Navigate Your Health ... Safely'

Walter Reed Bethesda Observes Patient Safety Awareness Week

By Bernard S. Little
WRNMMC Public
Affairs staff writer

With the overarching theme "Navigate Your Health ... Safely," Walter Reed National Military Medical Center (WRNMMC) joined the rest of the nation, last week, in observing Pa-

tient Safety Awareness Week.

"We want patients to be advocates in their health care," said Karla D. Platt, patient safety specialist in the Quality Management Directorate (QMD) at WRNMMC. "We want patients to ask questions of their health care providers and be-

come better educated about their own medical conditions." She explained this encompasses patients knowing options for their treatment, and possible side effects of medication.

"Parents, other family members and/or significant others are going to be the advocates for se-

niors and children," Platt continued. "My husband had some health-care issues, and even as a nurse, I had to research to make sure we were getting the best care," she added.

According to Suzie Little, Patient Safety Department chief in the QMD, "Patient Safety

Awareness Week is an annual educational awareness campaign for health care safety that is led by the National Patient Safety Foundation (NPSF). This is a week we celebrate the advancements that we have made in patient safety and recognize the challenges that remain ahead of us in health care."

Little added WRNMMC participates in Partnering with Patients, which is part of the Affordable Healthcare Act. "We have implemented 10 major process improvements to prevent hospital acquired conditions, and we participate in preventive health care and evidence-based practices."

The Joint Commission (TJC), the largest health care accrediting body in the United States that promotes quality and safety, agrees patients should take an active role in their health care by becoming involved and informed participants on their health care team, which can also help prevent errors. The JC, which fully accredited WRNMMC in 2012, encourages patients, parents and those involved in overseeing the care of others, to find out about all tests and treatments for illness or injury; share with caregivers the medical history of the patient; ask questions about anything not understood; remind caregivers to wash and clean hands before touching the patient; and get a thorough explanation of recommended medication. The JC also encourages patients to follow up with caregivers regarding any concerns with treatment and medication.

The U.S. National Library of Medicine, National Institutes of Health has a website, Medline Plus, which offers health information written in easy-to-understand language at <http://www.nlm.nih.gov/medlineplus/>. This site can assist people in becoming edu-

cated about their conditions, along with talking to their caregivers.

Last Thursday during Patient Safety Awareness Week at Walter Reed Bethesda, the medical center's patient safety staff provided beneficiaries, staff and visitors, information designed to improve communication between patients and caregivers. Navy Capt. Sarah Martin, WRNMMC chief of staff, was also on hand to help celebrate the observance, explaining patient safety awareness is in line with WRNMMC Director Brig. Gen. (Dr.) Jeffrey B. Clark's initiative for the nation's largest joint military medical center to be "proactively patient-friendly" and better assist beneficiaries in their care.

Army Lt. Col. Editha D. Ruiz, chief of Maternal Child Nursing at WRNMMC, explained her department supports patient safety by ensuring all equipment and supplies are inspected and current. "We make sure everything is up to speed."

Ruiz explained that in obstetrics at WRNMMC, the staff anticipates and prepares for emergencies by doing practice runs for emergency care, as well as always ensuring adequate staffing and personnel competency. "All my nurses have the competencies to do their job," she added.

The lieutenant colonel said her nurses are also encouraged to ask patients, their families and/or significant others, questions about their care at WRNMMC. "We ask them if they have any issues or are unsure of anything the caregiver or nurse may have told them." She explained on a white board in patients' rooms, patients and their families are encouraged to write the patient's goals for the day, or any concerns they may have with their care so that they can be addressed.

See **SAFETY** page 9

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PROSTHETICS

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at Naval Support Activity Bethesda: mechanical knees, microprocessor knees and powered knees. A mechanical knee, much like a passive foot, must be swung into position, requiring a great deal of effort and energy expenditure by the patient. However, powered and microprocessor knees both contain computers which monitor gyroscopes to place the leg in the correct position for constant forward momentum.

In the past, patients would begin working with mechanical knees in order to become familiar with the available devices. However, today, those with at least one naturally functioning knee joint benefit from WRNMMC's unique approach to prosthetic training. From their very first day in prosthetic rehabilitation, they are given powered legs. These legs are motorized and propel the prosthetic forward naturally, with little to no instruction.

"When we get someone in powered legs for the first time, we just tell them to stand up and start walking like they did before their injury," said Corcoran. "The knee is that intuitive. You don't have to learn how to use it."

The practice has greatly advanced recovery times. Many patients are now able to skip an interim period of four to six weeks walking with cane assistance and begin walking using prosthetics independently in half the time. "We've fit around 15 patients this way and the results have been just tremendous," said Corcoran.

If both of a patient's legs have been amputated above the knee, they have far less contact with the ground and receive more specialized care as a result. These patients are placed first in 'Shorties,' or legs with no prosthetic knees. The casts are connected directly to prosthetic feet which allow amputees time to work on their core strength and balance, until they are ready to utilize full prosthetic knees.

In addition to supplying these devices, Walter Reed Bethesda has adapted a wide range of prosthetics to suit the needs of wounded warriors. "We have, in conjunction with several companies, to develop several devices for specific



Photo by Ryan Hunter

Certified Prosthetist, Mike Corcoran, makes adjustments in height to a pair of powered above knee prosthetic leg.

applications," said Corcoran. "Recently, we adapted a knee that was made for skiing so that it could be used for bicycling. Our staff worked together and changed the hinge and the pneumatics so that when you were riding a bike the leg constantly pushes down allowing them to pedal."

These prosthetics allow service members opportunities never before thought possible. Many are using their prosthetics to return to an independent lifestyle, like Capt. Edward Klein, who took pride in standing at his best friend's wedding. Others are using their prosthetics to lead more active lives than they had before, like professional runner Spec. Luis Puer-tas, who was able to compete in the 2013 Paralympics World Championships in Lyon, France.

"I have a couple of legs for different things, that pretty much let me do whatever I want," said Staff Sgt. Nicholas Lavery. "I've got one for cycling, boxing and jujitsu. I do a lot of mixed martial arts. I just use different knees and feet for different activities."

"This stuff is really amazing, but we know it doesn't replace what was lost," said Corcoran. "We're trying to partner with prosthetic manufacturers to get as close as we can to the real thing, and we're doing a whole lot better than we were 5 years ago."

SAFETY

Continued from 8

There's also weekly "pediatrics safety huddle" to discuss issues and concerns, whether they involve communication, process and/or equipment, Ruiz said. "We look at those factors to make sure there's no harm resulting in any of the care. We want to always provide safe, excellent care."

As the organizer for Patient Safety Awareness Week, NPSF officials explained this year's theme, "Navigate

Your Health ... Safely," focuses on a patient's health journey beginning with diagnosis and continuing throughout treatment, and for the patient to be educated to help direct his or her care with caregivers, rather than just being along for the trip.

For more information concerning patient safety at Walter Reed Bethesda, contact Karla Platt, patient safety specialist, at karla.d.platt.civ@health.mil, or Suzie Little Patient Safety Department chief, at 301-295-6236.

Editor's note: Sharon Renee Taylor contributed to this article.

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Medical Center Observes Ash Wednesday

By Sharon
Renee Taylor
WRNMMC Public
Affairs staff writer

Walter Reed National Military Medical Center (WRNMMC) at Naval Support Activity Bethesda celebrated Ash Wednesday with four services throughout the medical campus, March 5.

Ash Wednesday marks the beginning of Lent in preparation for Easter — celebrating the resurrection of Jesus Christ on the third day after his crucifixion at Calvary. Easter falls on April 20 this year.

Rev. Timothy P. Broglio, Archbishop for the Military Services, served as celebrant for the noon mass observing Ash Wednesday held in Memorial Auditorium.

The Archbishop for the Military Services, based in Washington, D.C., ensures the spiritual well-being of more than 1.5 million military personnel and their families stationed throughout the world.

Broglio said WRNMMC has become the station of the Archdiocese for Military Services on Ash Wednesday for several years. Lent reminds us that we are on a pilgrimage of life and the destination is eternal life in the presence of Almighty God according to the Archbishop.

“The church, in her wisdom, calls on us to go on retreat today. She invites us to be signed with ashes and begin a six-week church-wide period of retreat to ask to be renewed and prepared to celebrate the

Easter feast. The sign and the commitment are dramatic: ashes. These beautiful bodies that we are tempted to pamper and that are healed at this place, will return to the dust of which they are made. Yet, change and renewal are possible,” the Archbishop said. “We are engaged in that process today.”

Typically gathered from the burning of palms from the previous year’s Palm Sunday, the ashes are a reminder of human mortality, as well as a sign of mourning and repentance, according to professor and former president of Asbury Theological Seminary J. Ellsworth Kalas.

“Now, is the time to draw closer to God,” Broglio said. The ashes are a symbol that you and I can change, he explained.

“We have an opportunity to make the most of this time.”

In addition to the noon mass held in Memorial Auditorium, the WRNMMC Pastoral Care Department offered three additional Ash Wednesday observances: an early morning Catholic mass in the Main Chapel of the medical center, an 11 a.m. Protestant liturgical celebration, as well as an afternoon distribution of ashes for patients and families of the Warrior Transition Battalion in Building 62.

“‘Even now,’ declares the Lord, ‘return to me with all your heart, with fasting and weeping and mourning.’ Rend your heart and not your garments,” read Navy Chaplain (Lt. Cmdr.) Kimberly Cain from the book of Joel 2:12-18 during the Protestant observance.

Navy Chaplain (Cmdr.) Wayne M. Haddad called the main chapel service a simple expression of God through prayer, regardless of faith. He explained the significance of Ash Wednesday to Christians.

“Ash Wednesday is an exterior manifestation of an interior disposition to renew the love that you have for your god, and to recognize that God is reaching out in every moment, in every day to draw us closer to him,” Haddad said.

According to the chaplain, Ash Wednesday is a beginning.

“It is a preparation — a preparation of 40 days consistent with the time Christ spent in his desert, for 40 days, that leads to the joy of Easter. It is a journey, and it’s a life-long journey, but specifically it’s a journey that leads to Easter Sunday,” he said.

People observing Lent often fast, sacrifice or give up something like sweets or meat. Haddad explained fasting is a recognition that when you [relinquish] some-

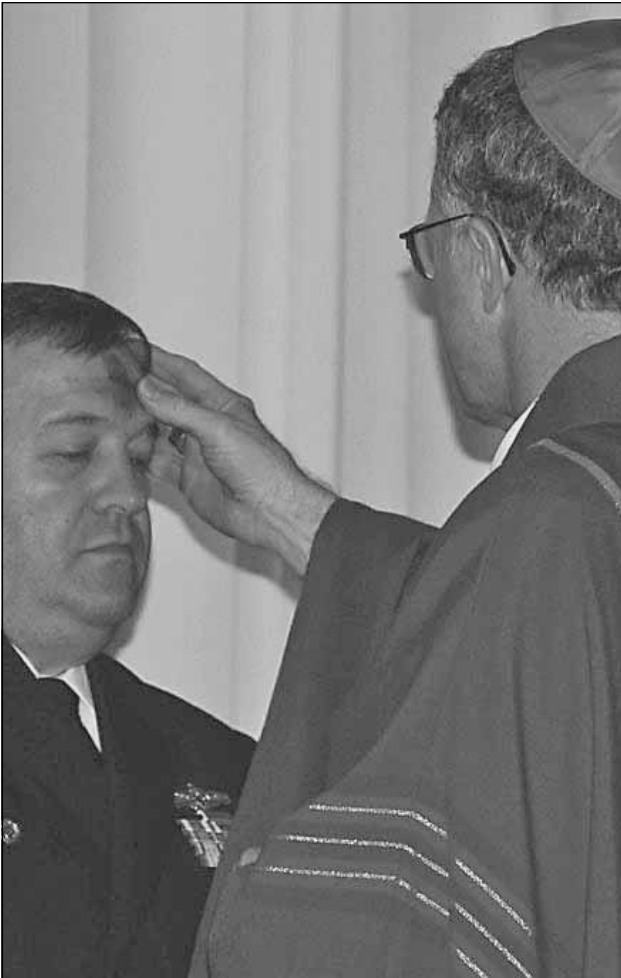


Photo by Sharon Renee Taylor

Rev. Timothy P. Broglio, Archbishop for the Military Services, places an ash cross on the forehead of Commanding Officer Naval Support Activity Bethesda Capt. David A. Bitonti, during Ash Wednesday services at Walter Reed Bethesda on Nov. 5.

thing good, you acknowledge something that’s better [God].

“Again, it’s a sign of the source from which all those good things come, so it’s never meant for you to go on [a fad] diet and this [season] is a good time to do it. It’s really meant for you to reset your heart as an expression of your love for God and your love for your neighbor,” he said.

Three Urology Clinic staff members chose to observe Ash Wednesday at the Walter Reed chapel service because their churches did not hold one. April Reviere, a medical support assistant, Health System Specialist Toni Dominici, and Rosalindo Liendo, a nursing supervisor, said the convenient service enabled them to accommodate their patients.

The WRNMMC staff members have determined what they will

sacrifice during Lent.

“I’ve already decided: sweets. It’s going to be really tough,” Dominici said.

“Same for me,” Liendo echoed. “And meat.”

Army Maj. Yvonne Udumefuna Unigwe recently returned from a deployment to Afghanistan, her third deployment after serving in both Iraq and the Horn of Africa. The civil affairs planner said she was grateful to attend the Ash Wednesday observance.

“I need to renew my spirituality with my god, to make sure that I’m walking in the right direction, ... asking him to cleanse me ... I can never be perfect but at least I [can] at least try to do things that I think might be right for me to do,” she said.

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